SPECIAL EVENTS CHECKLIST

This checklist is designed to assist you in determining the required forms for your event.

NAME OF EVENT:

PLEA	SE CHECK ALL THAT APPLY:
	If the event is in a park/bike path, complete a Park Permit Application . Contact the Parks Department at 441-7847. If any money will be exchanged on park land, a license from the Parks Department is required .
	The form in any money min so exemanged on pank land, a needlee from the figure in equilibrium.
	If tents larger than 200 sq. ft. will be used, complete a Tent Permit Application . Contact Building & Safety at 441-7521.
	If food will be available, complete a Food Handlers Permit Application . Contact Health Dept. at 441-8000.
	If the event is in the street, you will need street barricades. Contact a private barricading company listed in the yellow pages.
	Will fencing be needed? If so, orange plastic fencing is recommended. See fencing requirement for SDL's below.
	If the event is on the sidewalk, you will also need to complete a Sidewalk Closure Permit . Contact Building & Safety at 441-7521.
	Do you need parking space on City streets or lots? Public Works-Traffic will need to approve temporary "No Parking" sign postings.
	Are you going to need meters hooded or temporary no parking? If so, contact Public Works-Greg Topil at 441-8237 or Jim Tompset at 441-7486 for a Meter Hooding Permit.
	If alcohol will be served, complete a Special Designated License form . Contact City Clerk at 441-7438 or LPD-Russ Fosler at 441-7638. If an outdoor event , fencing & Police Officers are required. Contact Events Team/LPI will advise number of officers needed. Server training is required, even for volunteers. Effective 2/4/04, NLCC Title 237, Chapter 2, Section 013.03F now requires 2 rows of fencing, placed 4' apart.
	If there are going to be fireworks, complete a Fireworks Application . Contact Bureau of Fire Prevention at 441-7791.
	Are there going to be open fires? If yes , explain on Special Events form.
	Will there be a public dance? Teen dance? Adult dance? If so, complete a Dance Permit Application . Contact City Clerk at 441-7437.
	Will there be admission charged (a gate fee)? If so, how much? (Note in Special Events Application.) Gate fees on public property require a non-profit sponsor, attach a letter from the organization
	with your application to City Clerk.
	If there are bands or amplified music after 10:00 p.m., a Noise Variance Permit is needed. Contact Health Dept. at 441-8000.
	Will anything be sold on city property? If not, on a closed street only? Balloons? Flowers? Food? Complete a list of vendors.
	Will animals be involved? If so, complete an Animal Permit Application . Contact Animal Control at 441-7900.

ALL FORMS SHOULD BE SUBMITTED WITH THE SPECIAL EVENTS APPLICATION.

SPECIAL EVENT SUMMARY

NAME OF EVENT:
DATES:
STREET CLOSURE LOCATION:
Starting Time: Date:
SIDEWALK CLOSURE LOCATION:
FENCING MATERIAL TO BE USED:
GATE FEES:
LIQUOR SERVED – SDL PERMIT ON FILE? TRAINING? (Including Volunteers) Will wrist bands be used? Police Officers are required!
EXPECTED ATTENDANCE:
MAXIMUM ATTENDANCE AT ANY ONE TIME:
OCCUPANCY (set by Fire Inspector): DATE FIRE INSPECTOR SIGNATURE
NUMBER OF PORTABLE TOILETS: PORTABLE TOILETS LOCATION:
VENDORS? YES NO If YES, please attach list.
FOOD HANDLERS PERMITS? YES NO If YES, please attach copy.
PLEASE EXPLAIN MANNER IN WHICH VOLUNTEER WORKERS WILL BE IDENTIFIED:
ACTIVITIES PLANNED? YES NO If YES, please attach list.
CLEANUP (explain who, how, & when):

SPECIAL EVENT PERMIT APPLICATION

FEE: \$45.00 per day (if for consecutive days, only one \$45 fee due)

INSURANCE & BOND ARE REQUIRED!

RETURN TO:

City Clerk's Office, 555 S. 10th St., Room 103, Lincoln, NE 68508

SUBMIT APPLICATIONS A MINIMUM OF 4 WEEKS IN ADVANCE.

Each question must be completely answered & all attachments included OR your application will be returned as incomplete!

Please PRINT using blue or black ink only.

	APPLICAN	NT'S INFORM	ATION		
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PERSON:		PHONE #:		FAX#:	
	ORGANIZ	ATION (if appl	cable)		
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PERSON:		PHONE #:		FAX#:	
Name of Event:	EVENT	INFORMAT			
			vent(s):		
Rain Date(s):		Projected	Attendance:		
Duration (include time for	set-up and tear-down):				
Purpose of Event:					
	What You Are Wanting to Do		street, what you are go	_	

Side	rial Street(s): walk Only: Street & Sidewalk:		Yes Yes Yes	! !	No No No
ss, C	ommercial or Industrial District:	Yes		_ No	
	MANNER (check all that apply)				
•	Noise		V		.
	Noise Disturbance <mark>(attach details)</mark> Variance		Yes Yes		No No
•	Public Dance (attach Dance Application)				
	Teen Adult		Yes Yes	!	No No
			_ 103	'	10
•	Commercial Activity Signs (Attach Specifications)		Yes	1	No
	Advertising (Attach Detailed Plans)		Yes	ı	No
	Sales (Attach Vendor List) Alcohol Sales (Attach Special Permit)		Yes Yes	!	No No
	Police Officers Required, Contact LPD Server training required, even for volunteers		_ 165	'	NO
	Gate Fee		_ Yes		No
	Consent Forms Non-Profit Tax Exempt Designation		_ Yes Yes		No No
	Cost per person/couple?	_	_		
•	Devices & Equipment		.,		
	Inflatable Devices <mark>(Attach Details)</mark> Powered Equipment (Attach List)		_ Yes Yes		No No
	Powered Sound Systems		Yes		No
•	Live Animals (Attach Description)		_ Yes	「	No
	Animal Permit from Health Dept. (Attach Copy)		_ Yes		No
•	Spotlights, Lasers or Fireworks <mark>(Attach Specifications)</mark>		_ Yes	!	No
•	Race or Competition (Attach Detailed Plans)		Yes	!	No
•	Booths/Structures (Attach Plans / Specs.)		_ Yes	1	No
•	Fencing (Orange plastic or 6' chain link recommended)	Yes		_ No	
	FEES Payment must be submitted with appl	lication.			

COMPLIANCE BOND

Must be submitted with application.

	ne applicant, on behalf of the applicant a he terms & conditions of this permit & al Special Event.			
	Compliance Bond (*attached)		Yes	No
• \$1 milli	INSURA Must be submitted to on (c/s/l) ACORD form (*attached)	with application.	Yes	No
 City na 	med Additional Insured Cancellation notice to City Clerk	Yes	Yes	No
- 30 uay	Canodiation notice to Oity Olerk	165	140	
	HOLD HARMLES	S AGREEMENT		
Please read, sign & da	ate the Hold Harmless Agreement bel	ow & have your signatur	re <u>witnessed</u>	at the time you
and hold harmless the including attorneys fees requested that is cause the applicant, or anyone indemnify or hold harm City. The City shall rany equipment used by use of any City equipment was addition to paying for an harmless the City, its of attorneys fees arising of whether such damage of indemnification shall not (regardless of associate The undersign ordinances, rules, regardless of the undersign ordinances, rules, regardless of the undersign ordinances, rules, regardless of the undersign ordinances.	con behalf of the applicant and the applic City, its officers, agents and employees a arising out of or related to this permit of d by the applicant, or anyone directly or efor whose acts any of them may be liabless the City for any losses, claims, damnot be responsible nor be held liable for a Applicant or anyone directly or indirectly ent shall mean that Applicant accepts further shall mean that Applicant accepts further shall mean the control of Applicant any such damage to the equipment itself, efficers, agents and employees from and aut of the use, misuse or failure of such ear loss is incurred by any employee or plat be qualified or reduced in any way bear defees) to the Applicant. The defension, as the Applicant, does he control of the use, and other applicable laws. The defension and to lawfully bind the Applicant and to lawfully bind the Applicants herein. Dated this day of	from and against claims, or the permitted Special Evindirectly employed, authorized for. This agreement slages and expenses arising any damage consequent of employed by Applicant. If responsibility for any lose, or anyone directly or indicate Applicant hereby agree against claims, damages, equipment. Such indemnity toperty of Applicant, the Corause the City may have preby agree to comply with the agree and represer plicant (and the Applicant).	damages, loss yent, or activity or activity or activity or activity or activity or activity or the supon the use, and of the supon the use, and of the supon the use, and of the action applied the supon that he or ant's Organization.	ses, and expenses ies related to the use der the direction of the the applicant to cole negligence of the misuse or failure of the misuse or failure of the acceptance or to the equipment and hold expenses including the series of the equipment with the acceptance or to the equipment of the equipment of the equipment of the expenses including the series of the ersons. Such the ubject equipment of the expenses including the ersons. Such the equipment of the equipment of the equipment of the equipment of the expenses including the ersons. Such the equipment of the equipment of the expenses including the ersons of the expenses including the ersons of the expenses including the expenses including the ersons of the
Printed Name of Applic	ant Signature of Applicant		Witness	

Applications are available on the City's web site at "www.lincoln.ne.gov"

CONTACT LIST - BEFORE THE EVENT

PLEASE PRINT !!!!!

IF UNREADABLE OR NOT COMPLETED, APPLICATION WILL BE RETURNED!

	NAME OF EVENT:		
	ORGANIZER/APPL	ICANT INFORMATION	
NAME:		POSITION:	
ADDRESS:		CITY, STATE, ZIP:	
PHONE:		CELL PHONE #:	
E-MAIL:		FAX:	
	OTHER (CONTACTS	
NAME:		POSITION:	
ADDRESS:		CITY, STATE, ZIP:	
PHONE:		CELL PHONE #:	
E-MAIL:		FAX:	
		•	
NAME:		POSITION:	
ADDRESS:		CITY, STATE, ZIP:	
PHONE:		CELL PHONE #:	
E-MAIL:		FAX:	
NAME:		POSITION:	
ADDRESS:		CITY, STATE, ZIP:	
PHONE:		CELL PHONE #:	
E-MAIL:		FAX:	
NAME:		POSITION:	
ADDRESS:		CITY, STATE, ZIP:	
PHONE:		CELL PHONE #:	
E-MAIL:		FAX:	

CONTACT LIST DAY OF THE EVENT

PLEASE PRINT !!!!!

IF UNREADABLE OR NOT COMPLETED, APPLICATION WILL BE RETURNED!

NAME	PHONE # / CELL #	RESPONSIBILITY

ACTIVITIES TO BE HELD AT THE SPECIAL EVENT

NAME OF EVENT:

ACTIVITY	LOCATION	DATE	TIME

SITE MAP

N	AME OF EV	ENT:				
			41.141			

Draw a detailed site map placing all tents, activities, portable toilets, gates, cooking equipment & fences, including the approximate sq. ft. area to be used.

SPECIAL EVENTS PETITION OF BUSINESSES AFFECTED BY EVENT*

ng for the duration of the special event na	street or sidewalk closure or meter hooding amed above:	
Business Name (PRINT)	Signature of Owner/Manager	Date

^{*} City Sponsored Events are exempt from completing the Petition.

REFERRALS

NAME OF EVENT:		
PUBLIC WORKS: APPROVED: RECOMMENDATIONS OR COMMENTS:		<u> </u>
POLICE DEPT.: APPROVED: RECOMMENDATIONS OR COMMENTS:	DENIED:	DATE:
FIRE PREVENTION BUREAU: APPROVED: RECOMMENDATIONS OR COMMENTS:	DENIED:	DATE:
PARKS DEPARTMENT: (only if event involves Pa APPROVED: RECOMMENDATIONS OR COMMENTS:	ark property) DENIED:	DATE:
HEALTH DEPARTMENT: APPROVED: RECOMMENDATIONS OR COMMENTS:	DENIED:	DATE:
E-TEAM: APPROVED: RECOMMENDATIONS OR COMMENTS:	DENIED:	DATE:
MAYOR'S OFFICE: (only if appealed from Denial) APPROVED: RECOMMENDATIONS OR COMMENTS:	DENIED:	